# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-000012
STATE FILE NUMBER

FILED FEB 1 1963

Registration District No. 1 Primary Registration District No. 3200 Registrar's No. 43

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0019
2 1050
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Nursing Home #1
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Sullivan
c. CITY OR TOWN: Green Castle
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): No street address
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Charles Middle: Wilson Last: Custer

4. DATE OF DEATH: Month: January Day: 25 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/12/1877

9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Store

11. BIRTHPLACE (City and state or country): Green Castle, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jacob Peter Custer

13b. MOTHER'S MAIDEN NAME: Mary Blizabeth Walters

14. NAME OF HUSBAND OR WIFE: Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Richard Custer, Burlington Iowa
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Toxemia — Days
DUE TO (c): Chronic Pyelonephritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Emphysema, Epidermoid Carcinoma tonsillar pillar

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1, 1962 to Jan. 25, 1963 I last saw him alive on 1/25/63
Death occurred at 6:05 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irvin Pretsky, D.O. Irvin Pretsky MD

22b. ADDRESS: 800 W. Jefferson

22c. DATE SIGNED: 1/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY: Green Castle Cemetery

23d. LOCATION (City, town, or county) (State): Green Castle, Mo.

24. FUNERAL DIRECTOR ADDRESS: Glenn E. Kuntzelman, Green City, Mo.

25. DATE RECD. BY LOCAL REG.: 2-4-1963

26. REGISTRAR'S SIGNATURE: Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Jan 25, 1963

IRVIN PRETSKY, D.O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.